

04/26/89 Shipper 20716

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-91)See Instructions on Back of Page 6
and Front of Page 7Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CA X 0000 3 8 483

Manifest
Document No.2. Page 1
ofInformation in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

Para Plate

15919 Shoemaker, Cerritos, CA 90701

4. Generator's Phone (213 404-3434

A. State Manifest Document Number

88677330

B. State Generator's ID

5. Transporter 1 Company Name

Omega Recovery Services

6. US EPA ID Number

CAD 042 245 001

C. State Transporter's ID

904878

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Omega Recovery Services

12504 E. Whittier Blvd.

Whittier, CA 90602

10. US EPA ID Number

CAD 042 245 001

G. State Facility's ID

CAD 042 245 001

H. Facility's Phone

213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. Waste ORM-A NOS
(Flexosolvent)

NA 1693 ORM-A

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

15. Waste No.

002

DM

000160

G

State

EPA/Other

State

EPA/Other

State

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J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

01

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Frank E. Hernandez

Signature

Frank E. Hernandez

Month Day Year

04/27/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAVIER HERNANDEZ

Signature

Javier Hernandez

Month Day Year

04/27/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

H

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

04/27/89

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

FACILITY

HS 8022-A (1/88)
PA 1700-22
Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

While: TSD/ SENDS THIS COPY TO: DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

03/28/2000 "ORIGINAL MANIFEST COPY"